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Kindergarten screening in New York State

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KINDERGARTEN SCREENING IN NEW YORK STATE:
A Survey of Current Practices

Master's Thesis

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By:

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(Committee Member)

Dean: _____

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Abstract

This study investigated current practices in school districts in New York State for implementation of State and Federal mandates for screening of new entrants to school. The vagueness of the law allows for schools to determine what information they will collect and what instrument they will utilize. All 718 school districts in New York State were surveyed to ascertain the way that districts conducted Kindergarten screening. Questions included: the personnel involved in screening, the instrument used, the time it took to complete the screening, and how satisfied the district was with its current practice.

Fifty-one percent (385) of the districts responded to the survey. Of those districts, 266 were satisfied or very satisfied with their current practice. The standardized instrument most frequently in use for kindergarten screening in NYS was the DIAL-R (25.5%). Twenty-nine percent of the participants responded that they used a locally developed instrument. Locally developed instruments ranged from utilizing parts of standardized measures to reading to children and observing their behavior. The mean length of time to screen each child was reported to be more than 20 minutes in 75 percent of the districts. The majority of the districts surveyed (95.38%) stated that they conduct individual screenings with each child.

Kindergarten Screening In New York State:

a survey in current practices

State and Federal Laws mandate that schools screen all entering students to determine if they are "gifted" or "at-risk" for a possible disability. Thus, kindergarten screening is a practice widely used in United States educational systems. In a federal study Cannella and Reiff (1989) discovered that:

> "Kindergarten . . . screening was found to be required in 33% (16) of the 48 States and was used predominately for the purposes of providing educational services to children. Over 50% of the school districts in seven additional states require school entrance or kindergarten screening" (p. 83).

A major reason for kindergarten screening is to predict the future academic success of entering kindergarten students. However, the selection of tests for a kindergarten screening battery is problematic since there is a paucity of tests that have demonstrated ability to accurately predict the future academic successes of young children (Crnic & Lamberty, 1994; Ellwein, et al., 1991; Fedoruk, 1989; Johnson-Fedoruk, 1991; McKay & Neale, 1985). For this reason Kindergarten screening has often been seen as a major failure of education. The New York State guidelines require that screening procedures be used to identify children who would require further evaluation to determine the need for additional intervention. The emphasis then is on the prediction of future academic success. New York State Regulations, Chapter 53, Section 3208, Subdivision 6 reads:

> a. Each trustee and board of education shall provide for the screening of every new entrant to school to determine which pupils are or may be handicapped or gifted . . .
>
> b. Such screening shall include, but not be limited to:
>
> (1) a physical examination . . . including proof of immunization. . .
>
> (2) A language development assessment . . .

Gridley, Mucha & Hatfield, (1995) indicated that preschool screening procedures can be utilized as a way to facilitate early intervention, to refer for further evaluation, to obtain health and background information, to aid in program development, and to engage parents in the schooling process. Screening is not adequate to label children, and should not be equated with a complete

psychoeducational evaluation (Mcloughlin & Rausch, 1990).

In New York State the guidelines for kindergarten screening are vague and do not describe specific measures or procedures for conducting these assessments (NYS Education Law Chapter 53, Section 3208, Subdivision 6; Stavrou & Mackler, 1995). The law requires the districts to screen for giftedness or possible handicapping conditions and to utilize both a physical examination including immunization records and a speech screening (Education Law Chapter 53, Section 3208, Subdivision 6). Thus, much of the process is left to the discretion of school districts which often are under-funded and under-staffed because of recent cutbacks in funding for educational programs (Stavrou & Mackler, 1995).

Kindergarten screening activities are of no value unless they provide school districts with adequate information, and result in the provision of needed services to students (Mcloughlin & Rausch, 1990). School districts need screening measures that are inexpensive to purchase. They also need measures that are easy to administer and brief, but accurate (Hills, 1987; Mcloughlin & Rausch 1990). The move to full day kindergarten programming in many school districts means that kindergarten children face increasing demands for academic performance at a younger age, making appropriate screening even more important (Hills, 1987; Stavrou & Mackler, 1995).

No single test assesses all of the domains that have impact on the educational performance of kindergarten students (Crnic & Lamberty, 1994; May & Kundert, 1992; Stavrou & Mackler, 1995). For this reason, it generally is recommended that a battery of screening instruments that assess various domains be employed. It is also generally recommended that school districts employ a multidimensional approach to Kindergarten screening (Gridley, Mucha & Hatfield, 1995; Mcloughlin & Rausch, 1990; Stavrou & Mackler, 1995).

The domains that are thought to be of importance at kindergarten screening are cognitive ability, knowledge of basic concepts, language ability, gross and fine-motor abilities, perceptual ability, socialization and health (Gridley, Mucha & Hatfield, 1995; Mcloughlin and Rausch, 1990; Stavrou & Mackler, 1995). Gridley, Mucha and Hatfield state that the, " . . . cognitive, language, and social/adaptive behavior information has been shown to be most predictive of school success." (1995, p. 215).

The personnel who are employed to conduct kindergarten screening have also been of interest in the literature. Gridley, Mucha and Hatfield (1995) state that personnel should include a

school psychologist, an early childhood specialist, and/or a kindergarten teacher in the planning phase and that all involved in the actual screening should be thoroughly trained. Mcloughlin and Rausch recommend that a child study team made up of the ". . . school principal, nurse, school psychologist, social worker, speech clinician, kindergarten teacher and special education teacher." (1990, page 456) should be included on the screening team.

The goals of this study were to determine the Kindergarten screening practices currently utilized in New York State to fufill State mandates. The main aspects under scrutiny were the personnel involved in Kindergarten screening, screening procedures, instruments, and satisfaction.

Method

Measure:

A survey was developed with the assistance of school personnel from both a rural and a suburban New York State school district. All personnel had been involved with kindergarten screening procedures (two kindergarten teachers, an elementary school psychologist, and a high school school psychologist). Some of the questions came from studies conducted by Mcloughlin and Rausch (1990), and Gridley, Mucha and Hatfield (1995) relating to satisfaction of Kindergarten screening.

The final survey included eighteen questions. The first two questions identified the title of the person responding to the survey and asked how long they had been involved in kindergarten screening. The next six questions asked respondents to describe their district's size; the number of screenings conducted each year; the percentage of kindergarten students who have attended preschool; whether gifted and talented programming was provided at the kindergarten level; what percentage of kindergarten students received special educational services; and if title one programming was available in kindergarten in their district. The next set of five questions asked respondents to describe their kindergarten screening practices: when screening was conducted; what professionals were involved; how much time each screening took; what instruments were used; and whether it was an individual or group administration.

Respondents rated their satisfaction with their screening practice in identifying potentially gifted or at risk students in their district. Three additional questions asked respondents to rate the importance of kindergarten screening, and to provide any additional information they wished to collect from screening that was not currently collected. Finally respondents were asked what

processes they employed once a child scored in a range that would determine that he/she was "at risk" (during screening). (See Appendix A).

The questions were in a multiple choice format, along with open ended options for any additional information the respondents wanted to offer. Multiple responses to some of the questions were allowed. On these questions, because respondents could indicate more than one response, the totals were greater than 100%.

Procedure:

The survey was printed on an 8 1/2 x 11 sheet of paper, both front and back. Surveys were addressed to the attention of the Chairperson of Kindergarten Screening, with a cover letter describing the purpose of the study (see Appendix B). The surveys were mailed to all 755 school districts included in the New York State Board of Cooperative Education Services list of schools for the years of 1992-93. This list included all public and private schools in New York State which contract for special educational services from BOCES. The respondents were asked to complete the questionnaire and return it in an enclosed self addressed, postage paid envelope.

Participants

Three hundred eighty five school districts recorded in the New York State Board of Cooperative Education Services (BOCES) list of schools for the years of 1992-93, were included in the study (a 51% return rate).

The people who completed the survey represented several educational fields: 171 school administrators, (45.35%); 90 Kindergarten teachers, (23.87%); 60 school psychologists, (15.91%); and 56 other school professionals, (14.85%). The "other school professional" category consisted mostly of speech therapists and school nurses. The respondents reported that they had been involved with kindergarten screening for a mean of 10.83 years (Sd=6.14).

The districts represented in the survey were predominantly rural, 218 (58.13%), with 127 suburban districts (33.86%), and 30 urban districts (8%) represented.

Results

A majority of districts conducted less than 250 screenings per year (see figure 1). Respondents were asked what percentage of their kindergarten students attended a preschool. Eighty-seven districts (23.07%) reported that less than 34 percent of their students attended preschool. Eighty-two respondents (21.75%) state that 35-54 percent of their entering

Kindergarten students attended preschool, and 70 (18.56%) reported that 55 to 74 percent attended. Seventy-seven districts (20.42%) reported that between 75 and 94 percent of entering Kindergarten students attended preschool. Thirty districts (7.95%) reported that more than 95 percent of their students attended preschool. Thirty-one districts (8.22%) do not track that data.

When asked if their district provided gifted and talented programming to their students at the kindergarten level, only 37 districts (10%) responded that they had a gifted and talented class in kindergarten. Twenty-seven point eight percent of respondents stated that Title One services were provided at the kindergarten level in their district.

Districts were asked to provide the number of their kindergarten students who receive special education services. Two hundred sixty-eight respondents (72.43%) reported that 0-10 percent of their kindergarten students receive special education assistance. Twenty-seven school districts (7%) reported that 21 percent or more of their kindergarten students received special education services as kindergartners (See figure 2).

Screening Practices

Respondents were asked about kindergarten screening practices in their local district. Three-hundred-fifty-one respondents stated that they administer kindergarten screening measures to individual students (95.38%); 13 districts (3.5%) stated that they administer screenings to groups of less than five students; and four districts (1.1%) reported that they conduct kindergarten screening in groups of more than 5 children. Kindergarten screenings were reported to take more than twenty minutes in 72 percent (282) of the school districts responding to the survey (See figure 3).

A wide variety of educational professionals were reported to be utilized in kindergarten screening procedures in New York State. The mean number of professionals reported to be involved in kindergarten screening processes was 3.58 (Sd= 1.32). The number and percentage of participants was as follows: 335 districts (87.01%) reported teachers were participants; 328 districts (85.19%) reported speech therapists were involved; 286 districts (74.29%) reported school nurses were included; 187 districts (48.57%) stated that school psychologists were involved; 60 districts (15.58%) reported that paraprofessionals and/or building administrators were participants; and 26 districts (6.07%) reported social workers were involved.

The great majority of respondents reported that they felt that academic readiness was the

most important variable to assess at kindergarten screening (300, 79.35%). Behavior and visual acuity were the second areas judged as important for assessment at the time of kindergarten screening with 198 districts endorsing each (52.38%). Hearing assessment was felt to be important by 195 respondents (51.58%). Social skills and gross motor skills were endorsed by 188 and 182 districts respectively (49.73% and 48.14%). Prereading, prewriting, and premath skills were ranked as relatively unimportant with 69, 68 and 62 endorsements respectively (18.25%, 17.98%, and 16.49%). These figures add up to more than 100 percent because respondents were asked to circle all areas that applied. (See figure 4).

When asked about the instruments used by their district to conduct kindergarten screening, 29% reported that they use a locally developed test. The DIAL-R was used by 26% of the districts included in the study. The Brigance K-1 screening was used by 15.8% of the respondents and the Gessell was used by 13.2% of the districts. (See figure 5.)

Respondents who reported they used locally developed instruments often reported that these local measures included some parts of other normed tests. The Draw-A-Person (DAP) test was used as whole or part of the locally developed instruments by 41 percent of the districts. The test of Visual Motor Integration (VMI) was used 20.5 percent of the time and the Peabody Picture Vocabulary Test Revised (PPVT-R) was used by twenty point five percent of the respondents. (See figure 6). One district that reported that its kindergarten screening consists of reading a book to a child in a one-to-one situation and observing the child's responses and behavior. Three districts reported that kindergarten screening is not used in their district because they prefer not to use instruments to label young children even though this is in noncompliance of New York State Law.

Respondents were asked to rate their satisfaction with their current screening battery. One hundred-fifty-six (40.52%) of the respondents reported that they were "satisfied", and 110 (28.57%) respondents reported that they were "very satisfied". The remaining 103 (26.75%) respondents stated that they were "undecided" to "very dissatisfied" with their current kindergarten screening practices.

Follow Up to Kindergarten Screening

Finally, respondents were asked to explain the process followed in their local district when a student was found to be "at risk" for academic difficulties during kindergarten screening. Four

response options were provided: Further evaluation by a school psychologist; Advise parents to keep child home for a year; Child's name placed on a list; and other. Respondents circled all that applied. Referring a child for further evaluation by a school psychologist was a method utilized by 51.69% of the districts (199). The child's "name was placed on a list" in 23.64 percent of the districts represented in the study. Parents were advised to keep their child home for a year in 17.92 percent of the districts, and 39.48 percent of the districts use "other" means of planning the academic program for a child who is "at risk" during Kindergarten screening.

Discussion

The majority of the participants in this study are doing their best to fulfill the mandates for kindergarten screening. They are using multidisciplinary teams to conduct screenings, they are taking more than 20 minutes per child, and they are conducting individual assessments.

The ambiguity of the law mandating Kindergarten screening allows districts to pick and chose instruments from a wide variety of sources, or to compose an instrument unique to their location. Respondents to this study reported that 14 different normed tests were used to conduct kindergarten screening. The most widely used single measure was the DIAL-R, reported to be used by 26% of the districts. Gridley, Mucha, and Hatfield (1995) concluded that this measure was an effective measure for use at Kindergarten screening because the it: assesses behaviors across a variety of settings and from a variety of sources; it provides a profile of achievement; it has evidence of "adequate standardization"; it is accepted by primary users for the purpose of kindergarten screening; it contains brief tasks and procedures; and it focuses on developmental tasks, rather than readiness.

Locally developed instruments were used by 29% of the participants. These "local tests" varied from pieces of standardized intelligence and academic measures to reading to a child individually. The effectiveness of these instruments is difficult to assess because of their lack of standardization. Forty-one percent of the districts reported that the Draw-a-Person task was part of their Kindergarten screening. The three school districts who chose not to participate in Kindergarten screening are of interest. The idea that Kindergarten screening could be utilized to "label children's potential" is a definite misuse of the mandate, which clearly states it's purpose is to identify children who will require further evaluation to determine the need for additional intervention. These districts are in non-compliance with State Education Law Chapter 53, Section

3208, Subdivision 6, which requires screening of all new entrants to school for possible learning disabilities or giftedness. They are also missing an important piece in the early identification process as a way of preventing early school failure.

The results of this study also discovered that it is imperative that the New York State Department of Education provide information to districts clearing up some of the ambiguity in the mandate for kindergarten screening. Overwhelmingly, the districts reported that they felt that academic readiness was of interest when assessing children at Kindergarten screening (79.35% of the participants). This is not part of the legal definition requiring screening prior to school entrance. "Readiness" is a poorly defined term with a wide variety of definitions. Sharon Kagan points out, "unless exceptional problems exist, almost everyone of any age is 'ready to learn' something new and worthwhile."(1992, p. 48).

Giftedness is part of the mandate for kindergarten screening, yet only 0.8% of districts mentioned that giftedness is an important area to screen for, prior to school entrance. Giftedness is also a poorly defined term, and there are few real assessments of "giftedness" at the preschool level. If it is to continue as a part of the mandate for kindergarten screening, it will need to be defined more clearly, with a specific criterion for "giftedness". Since the study revealed that only 9.81% of participants have access to giftedness programing at the kindergarten level, it seems to be a moot point to identify if there is not funding to develop this potential.

Areas of Further Study

Future studies might gather information on the time of year at which kindergarten screening is conducted. It would be of interest to determine whether or not the time of year of screening effects the number of children to be identified as "at risk".

Another topic for further exploration that was raised by this study, is the outcome for children whose name was "placed on a list" after being determined "at risk" at kindergarten screening. Are they given any academic intervention? Are they rescreened later in the year? Are they monitored in their classroom?

What number of children are advised to stay home for a year, following an "at risk" diagnosis at kindergarten screening? Are parents given suggestions about interventions that they can conduct at home with their child? Are students referred for outside intervention services. How are districts dealing with the fact that by law they cannot deny services to school aged children?

It would also be interesting to see what exactly do school districts do with the information gathered at kindergarten screening? It is utilized to make class groupings due to developmental level or teacher/child personality? Is it used to target children for summer enrichment programs and parent education classes, or is it stored in a drawer" This information could be put to use to enrich the awareness of teachers on areas of need for their students, but is it being utilized?

Limitations of this study included the fact that there was no follow up card sent after the initial mailing. Although the response rate was high, it may have been higher had reminder cards been sent out.

The sample that did respond could have been biased. The representativeness of the 385 districts that did respond is unknown. Since 3 of the districts who did respond reported that they did not conduct any kindergarten screenings in defiance of the State Mandate, could it be possible that many of the districts did not respond because they are not conducting kindergarten screenings, yet chose not to divulge that information?

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Appendix A.

Kindergarten Screening Survey

Title of the person completing the survey is (circle one):

School Psychologist Administrator Kindergarten Teacher

Other:_____

Number of years you have been involved with Kindergarten Screening:_____

Is your district considered (circle one)

Rural Urban Suburban

What is the (approximate) number of Kindergarten Screenings that your district conducts each year?(circle one)

<100 101-250 251-400 401-550 >556

Prior to Kindergarten Screening:

According to district records what percentage of your students attend a preschool program?

<34% 35-54% 55-74% 75-94% 95% (+)

Kindergarten Screening:

When is Kindergarten Screening conducted in your district? (circle one)

Prior to Entry Fall Winter Spring Other_____

Which professionals conduct Kindergarten Screening in your district? (circle all that apply)

School Psychologist	Teachers	Speech Therapists
Paraprofessionals	School Nurse	Building Administrator
Social Worker	_____	_____

On average, how much time per child does your Kindergarten Screening take?

<5 minutes 6-10 minutes 11-15 minutes 16-20 minutes 20-30 minutes 31+minutes

Does your screening include any of the following measures? (circle all that apply)

Lollipop Test	Brigance K & 1 Screening	Gessell
McCarthy (McCarthy Scales of Children's Abilities	DDST (Denver Developmental Screening Test)	BDI (Batelle Developmental Inventory Screening Test)
DIAL - R (Developmental Indicators for the Assessment of Learning -Revised)	ESP (Early Screening Profiles)	First STEP

Other than those above, what measure(s) do you use for Kindergarten Screening? Please list subtests you use if you do not use an entire measure, or a description (or a copy) of the measure if it is a locally developed instrument.

_____ _____
_____ _____
_____ _____
_____ _____

How are measures administered in your district (Kindergarten Screening)? (circle one)

To Individuals	In Small groups (2-5 children)	In Large groups (More than 5 children)

How satisfied are you that your screening method is for identifying children with learning difficulties or giftedness? (indicate level of satisfaction)

Very Satisfied	Satisfied	50-50%	Less than Satisfied	Very Dissatisfied

What do you feel is the most important information that you collect from Kindergarten Screening? (circle all that apply)

Academic Readiness	Behavior Problems	Social Skills	Other(s)
prereading	Vision	Family History	_____
prewriting	Hearing	Gross Motor	_____
premath			_____

Is there additional information that you wish you were able to collect during Kindergarten Screening?

Yes (if yes, please list)_____
No _____

What is the referral process for children indicated "at risk" during Kindergarten Screening?

Further evaluation by School Psychologist — Child's name placed on a list
Parents are advised to keep child home for a year — Other_____

Is Gifted and Talented programming provided beginning in Kindergarten?

Yes No

According to district records what percentage of Kindergarten students receive Special Education Services? (circle one)

none 0-10% 11-20% 21-30% 31-40% 41-50% >50%

Is Title I programming provided beginning in Kindergarten in your district?

Yes No

For further information or with questions please feel free to contact Allison Rohrer
c/o the Rochester Institute of Technology, School Psychology Program,
18 Lomb Memorial Drive, Rochester, N.Y. 14623. (716) 475-6701.
E-MailAMRRAL@RIT.EDU.

Appendix B.

Allison Michael Rohrer
Graduate Student in School Psychology
Rochester Institute of Technology
c/o RIT School Psychology Program
18 Lomb Memorial Drive
Rochester, New York 14623-5604

April 23, 1996

Attention Kindergarten Screeners:

In order to complete the requirements for a Master's Degree in School Psychology, I am conducting a study of the Kindergarten Screening practices utilized in New York State. Enclosed you will find a short survey asking about the screening practices in your district. You will see that identifying information about your district and yourself is optional. My intent is to identify what is working and what is not working for districts involved in Kindergarten Screening with the intent of discovering the best way to conduct screenings.

Please take the time to complete and return the survey in the enclosed self addressed stamped envelope. I encourage you to write as much as you would like. Please feel free to write on the back of the survey. I have also provided a telephone number and my e-mail address so that I can answer any questions that might arise about the survey.

Thank you for your assistance!

Allison Michael Rohrer
Graduate Student of School Psychology,
Rochester Institute of Technology

Figure 1.

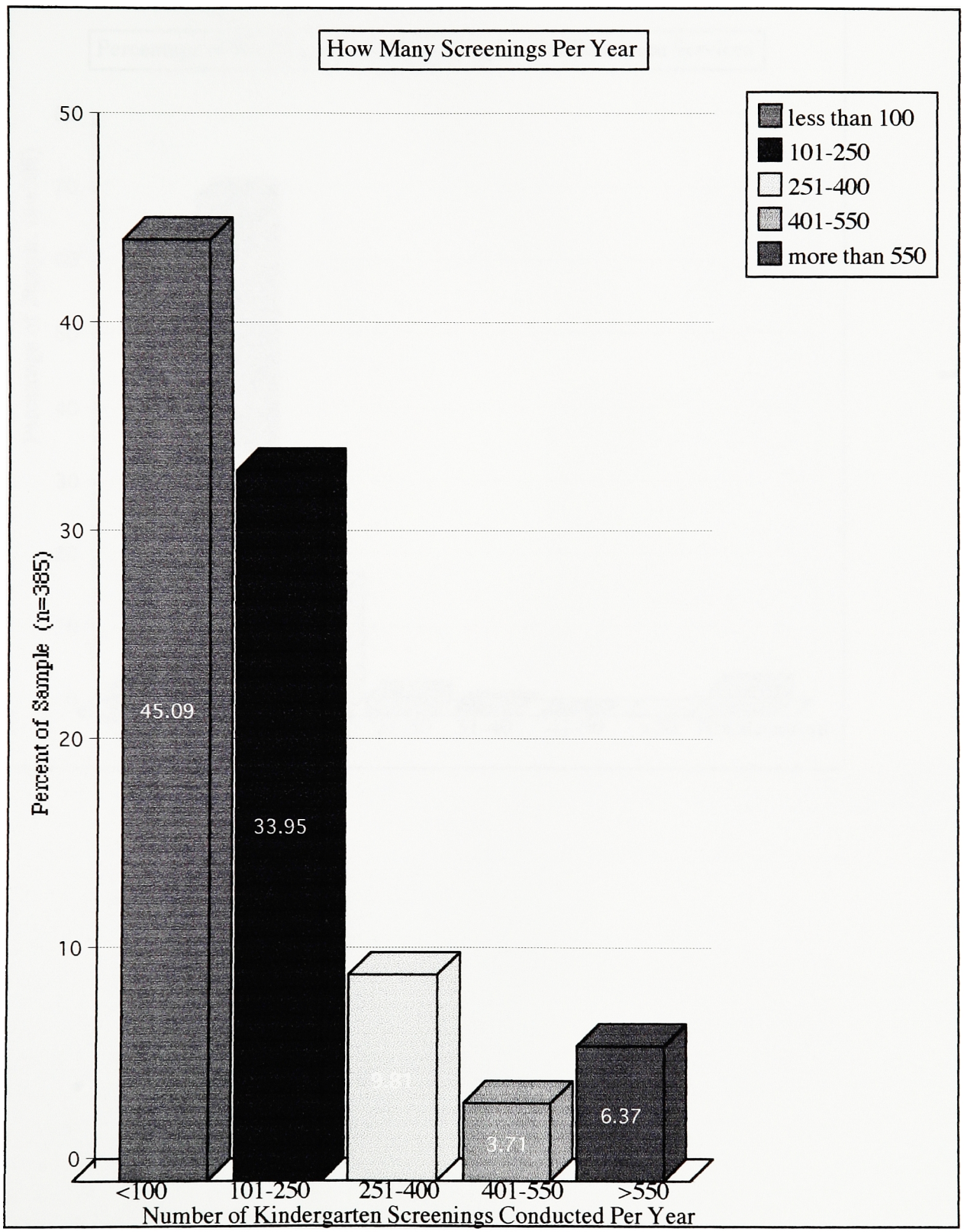
How Many Screenings Per Year
less than 100
101-250
251-400
401-550
more than 550
50
40
30
20
10
0
Percent of Sample (n=385)
45.09
33.95
6.37
<100
101-250
251-400
401-550
>550
Number of Kindergarten Screenings Conducted Per Year

Figure 2.

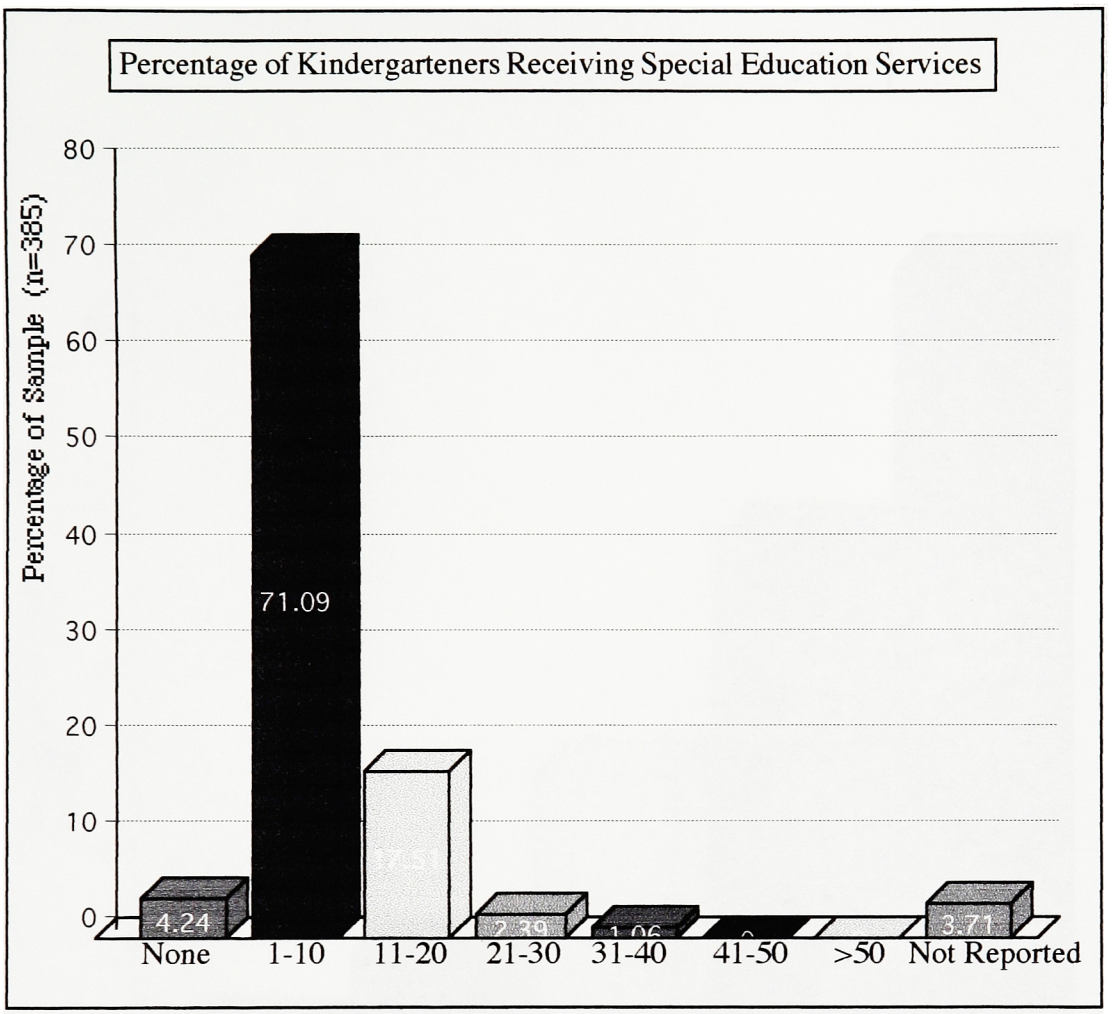
Percentage of Kindergarteners Receiving Special Education Services
Percentage of Sample (n=385)
80
70
60
50
40
30
20
10
0
71.09
4.24
3.71
None
1-10
11-20
21-30
31-40
41-50
>50
Not Reported

Figure 3.

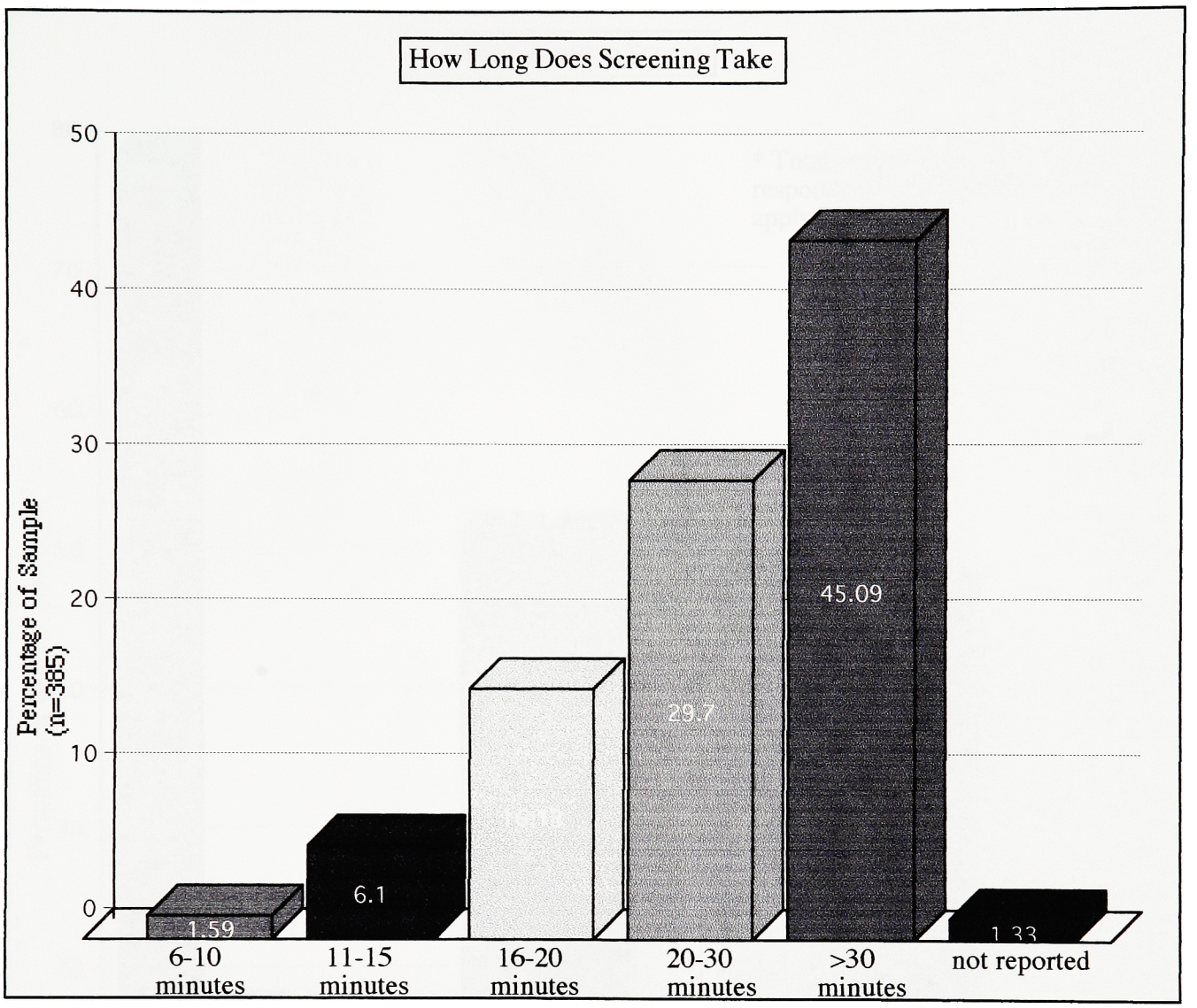
How Long Does Screening Take
Percentage of Sample (n=385)
50
40
30
20
10
0
1.59
6.1
16.18
29.7
45.09
1.33
6-10 minutes
11-15 minutes
16-20 minutes
20-30 minutes
>30 minutes
not reported

Figure 4.

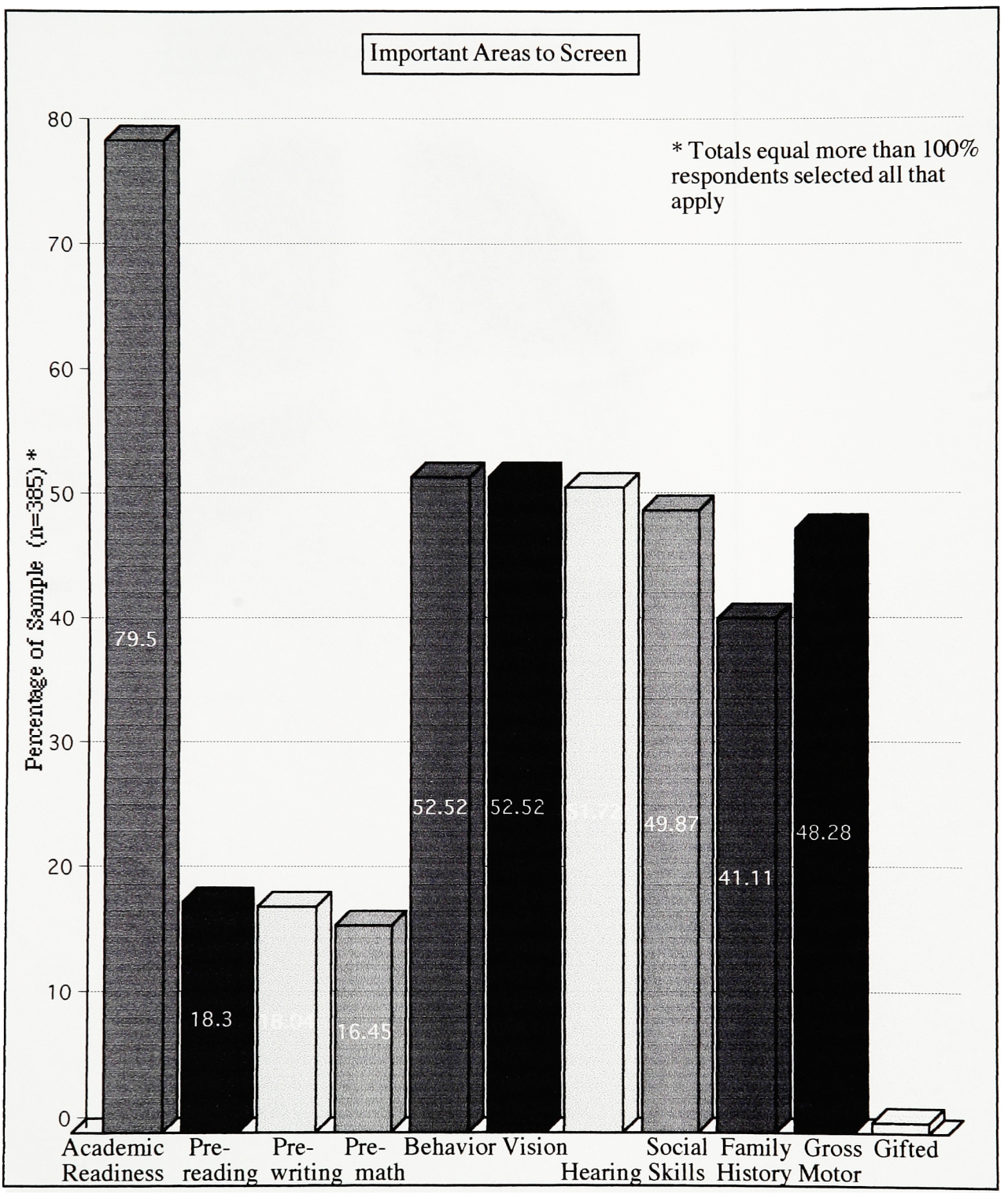
Important Areas to Screen
* Totals equal more than 100% respondents selected all that apply
Percentage of Sample (n=385) *
80
70
60
50
40
30
20
10
0
79.5
18.3
16.45
52.52
52.52
49.87
41.11
48.28
Academic Readiness
Pre-reading
Pre-writing
Pre-math
Behavior
Vision
Hearing
Social Skills
Family History
Gross Motor
Gifted

Figure 5.

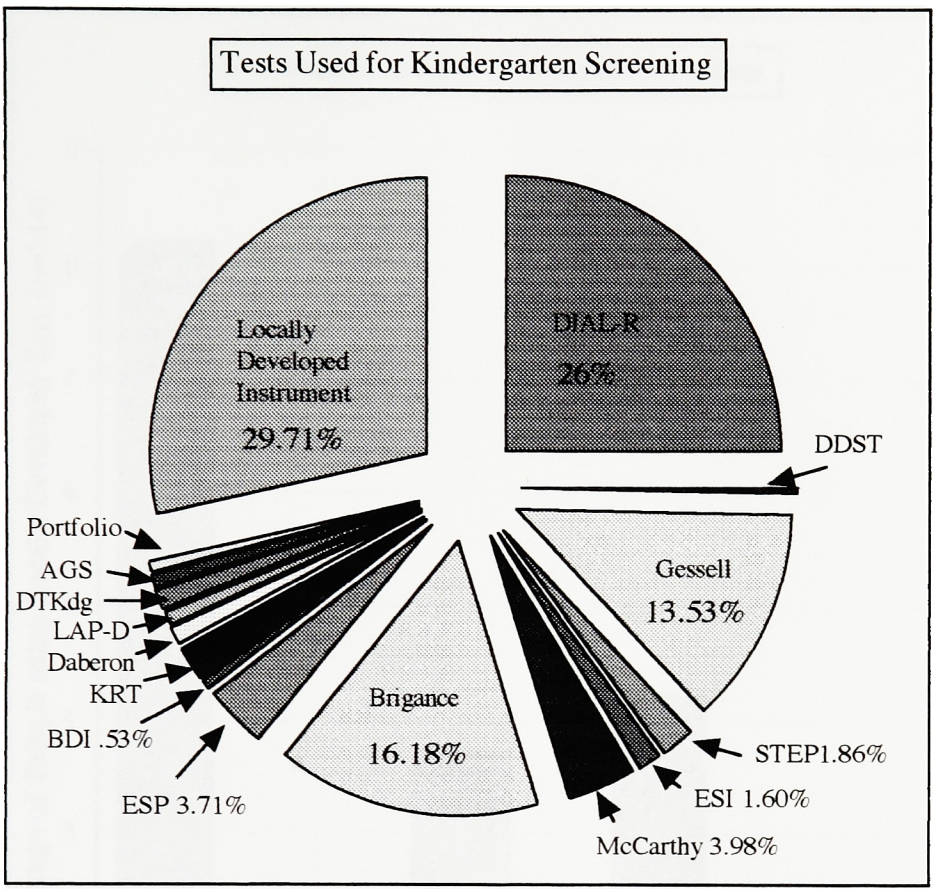
Tests Used for Kindergarten Screening
Locally Developed Instrument 29.71%
DIAL-R 26%
DDST
Gessell 13.53%
Brigance 16.18%
McCarthy 3.98%
ESI 1.60%
STEP1.86%
Portfolio
AGS
DTKdg
LAP-D
Daberon
KRT
BDI .53%
ESP 3.71%

Figure 6.

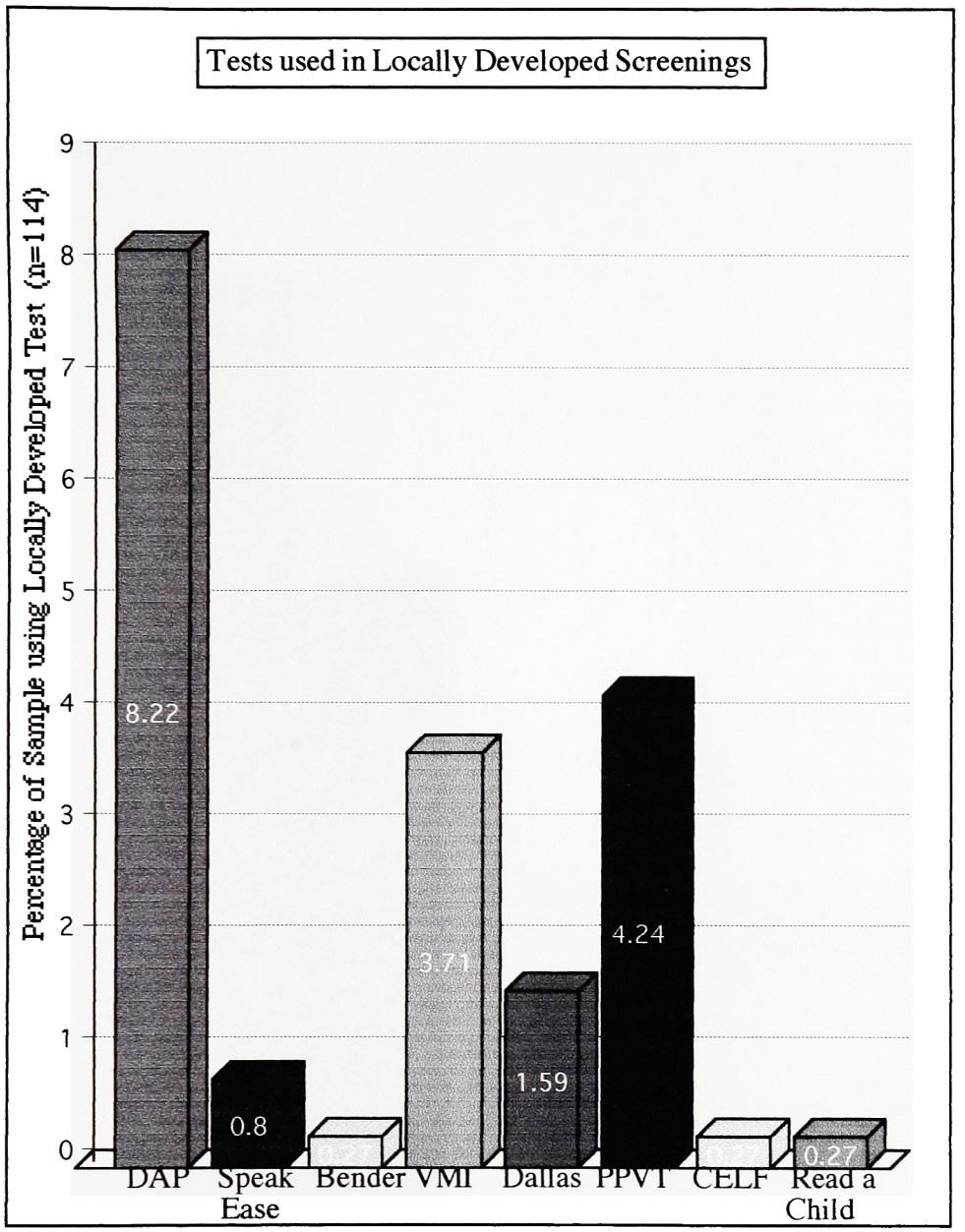
Tests used in Locally Developed Screenings
Percentage of Sample using Locally Developed Test (n=114)
9
8
7
6
5
4
3
2
1
0
8.22
0.8
3.71
1.59
4.24
0.27
DAP
Speak Ease
Bender
VMI
Dallas
PPVT
CELF
Read a Child

Figure 1.

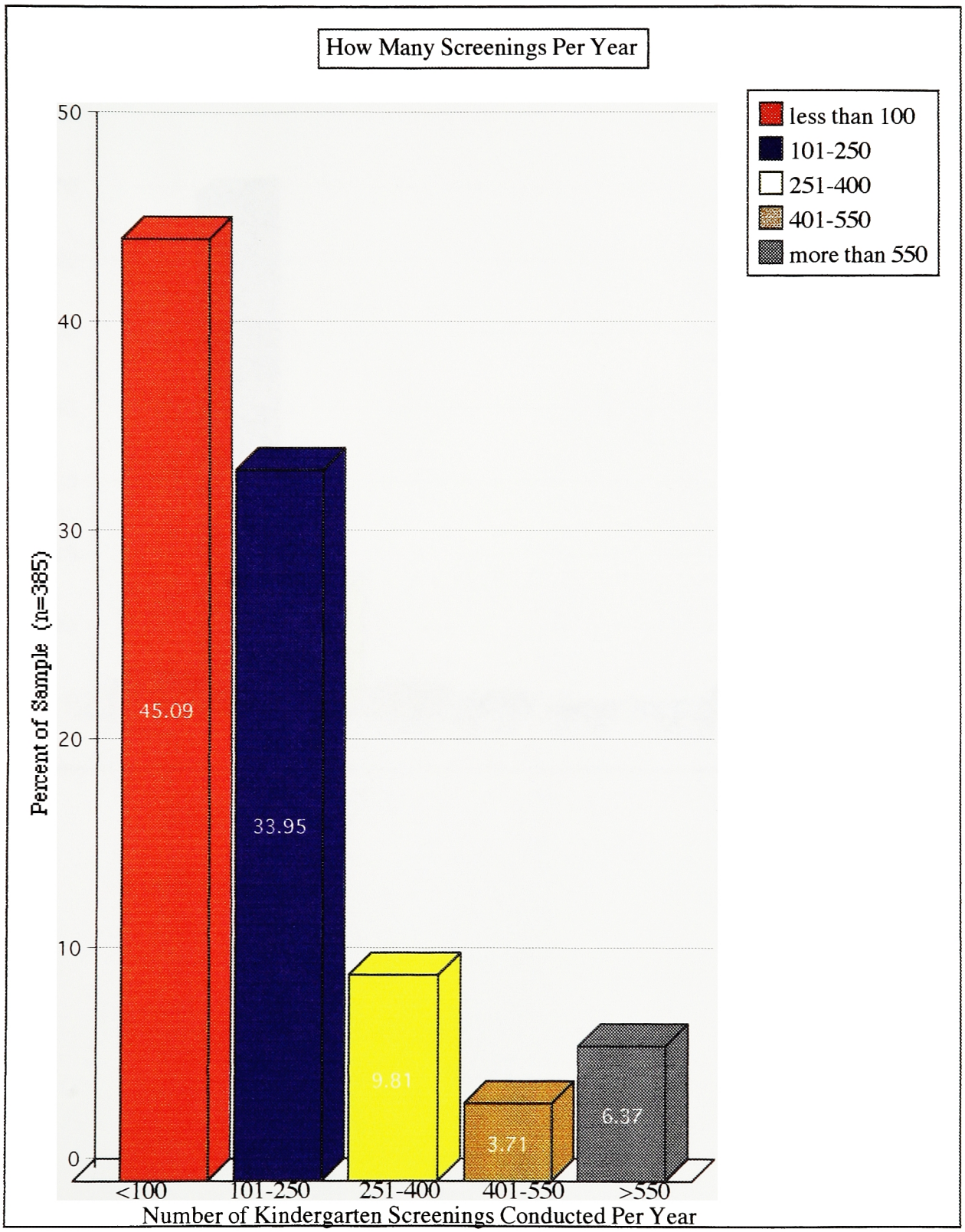
How Many Screenings Per Year
less than 100
101-250
251-400
401-550
more than 550
50
40
30
20
10
0
Percent of Sample (n=385)
45.09
33.95
9.81
3.71
6.37
<100
101-250
251-400
401-550
>550
Number of Kindergarten Screenings Conducted Per Year

Figure 2.

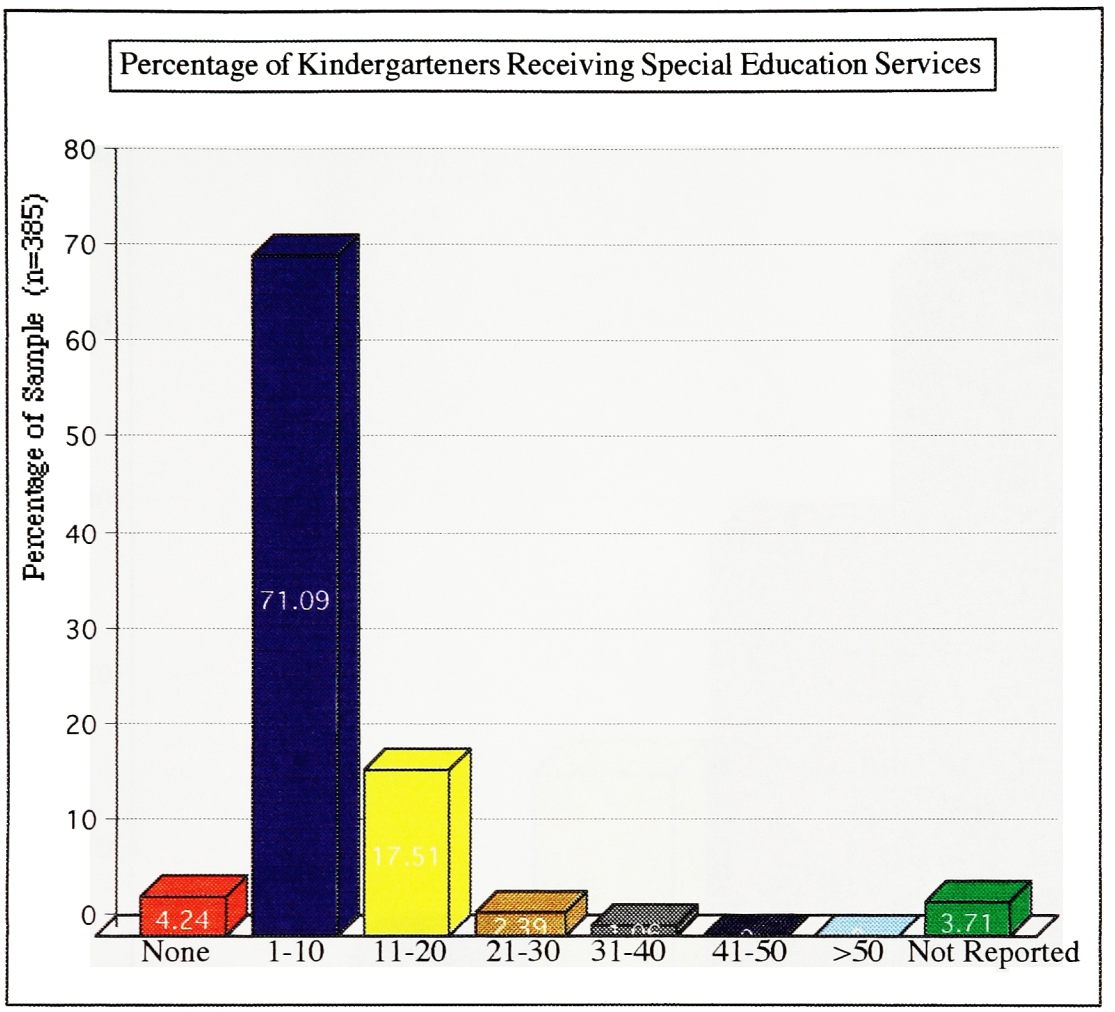
Percentage of Kindergarteners Receiving Special Education Services
Percentage of Sample (n=385)
80
70
60
50
40
30
20
10
0
4.24
71.09
17.51
3.71
None
1-10
11-20
21-30
31-40
41-50
>50
Not Reported

Figure 3.

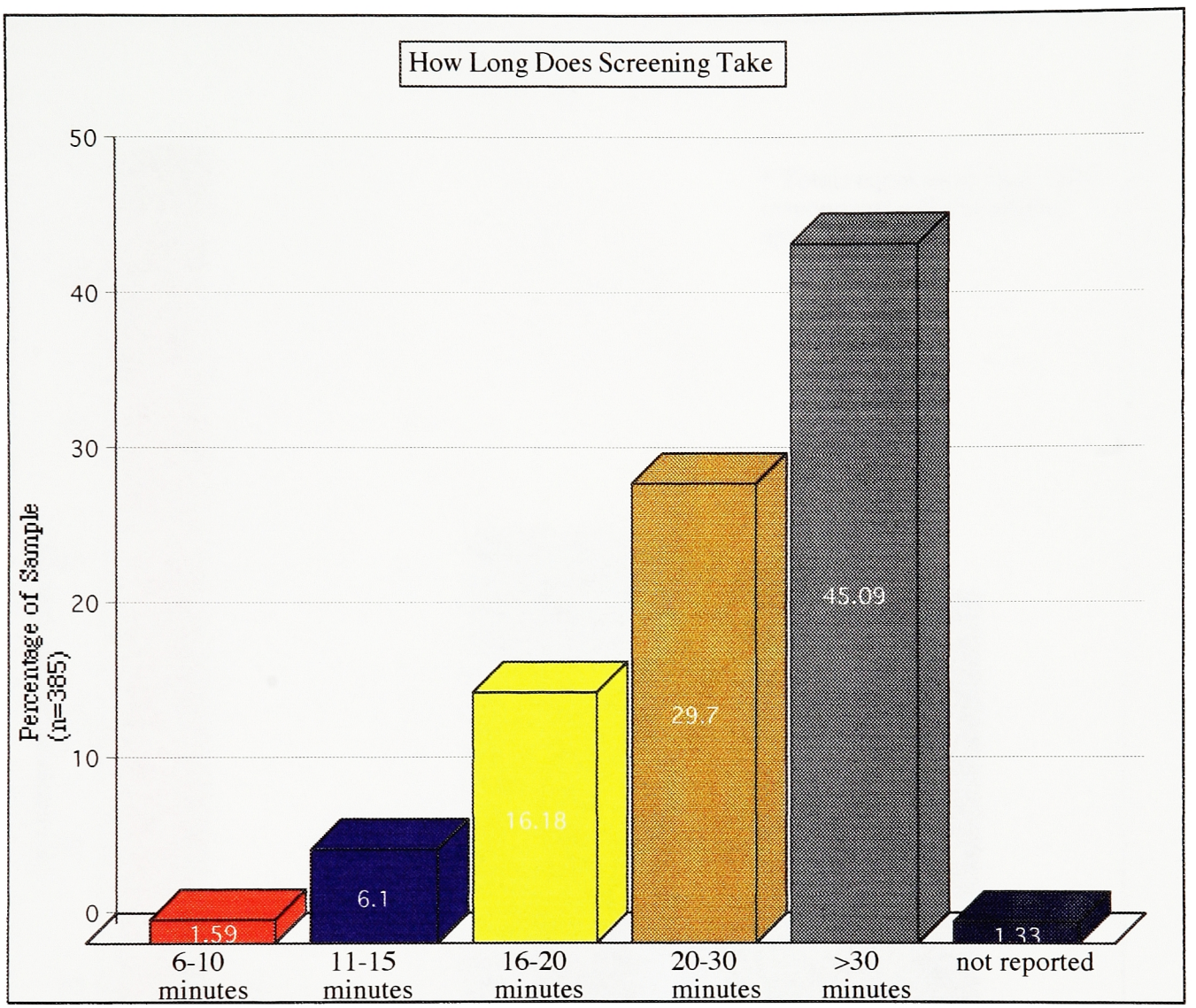
How Long Does Screening Take
Percentage of Sample (n=385)
50
40
30
20
10
0
1.59
6.1
16.18
29.7
45.09
1.33
6-10 minutes
11-15 minutes
16-20 minutes
20-30 minutes
>30 minutes
not reported

Figure 4.

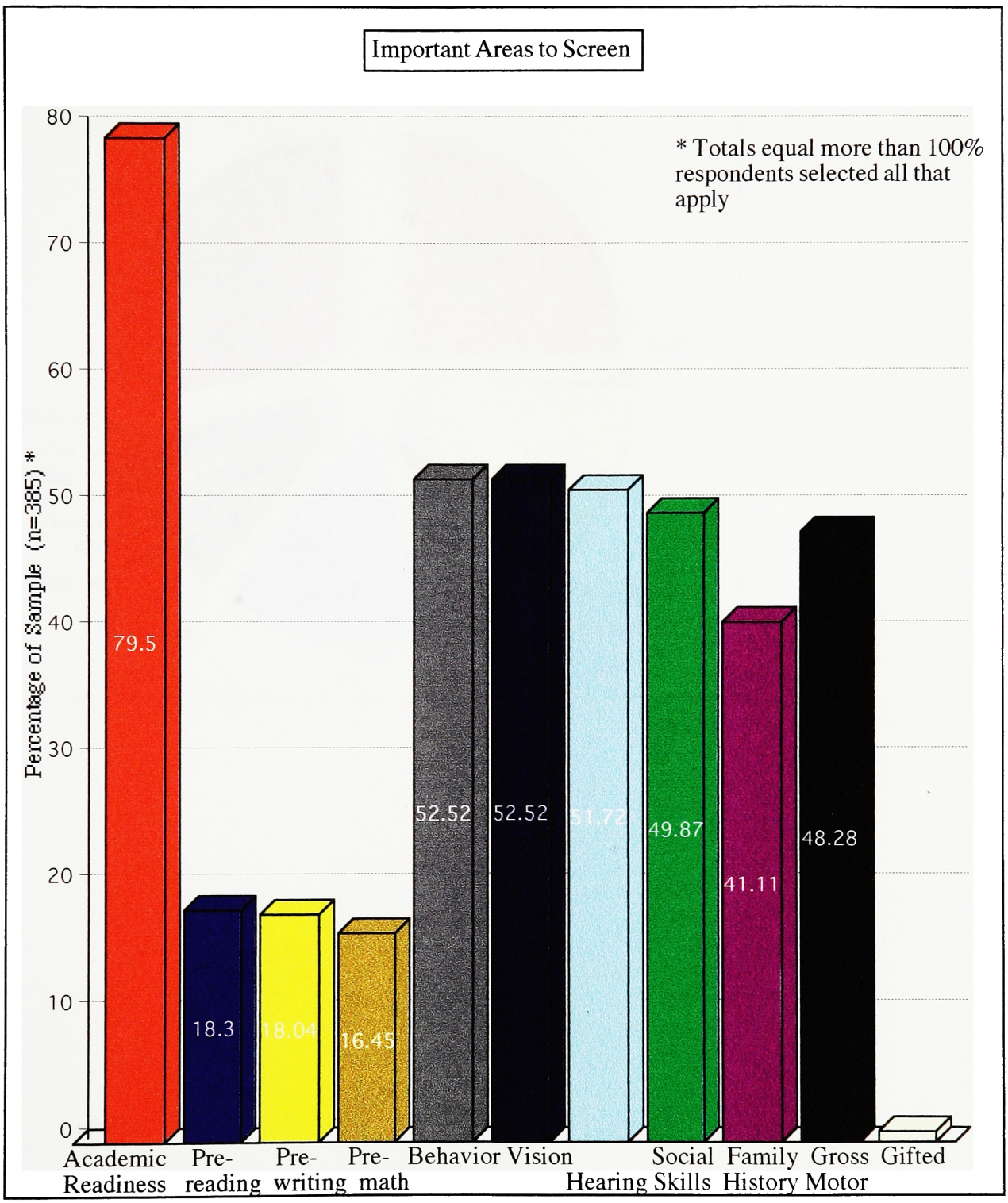
Important Areas to Screen
* Totals equal more than 100% respondents selected all that apply
Percentage of Sample (n=385) *
80
70
60
50
40
30
20
10
0
79.5
18.3
18.04
16.45
52.52
52.52
51.72
49.87
41.11
48.28
Academic Readiness
Pre-reading
Pre-writing
Pre-math
Behavior
Vision
Hearing
Social Skills
Family History
Gross Motor
Gifted

Figure 5.

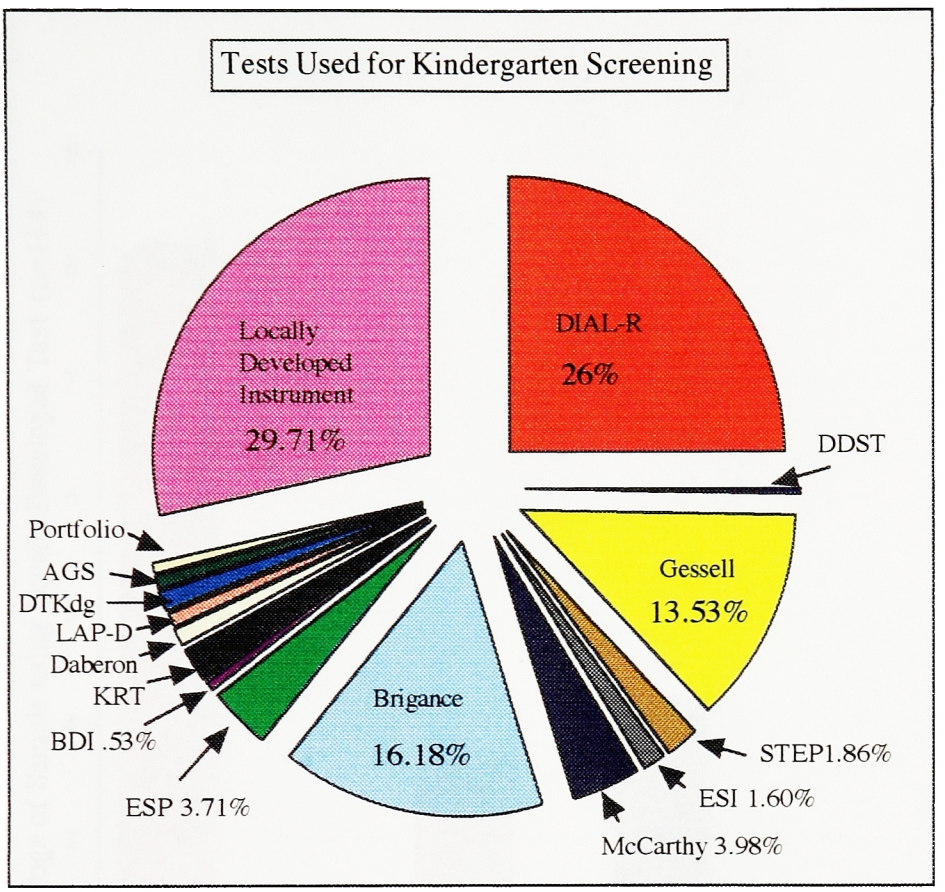
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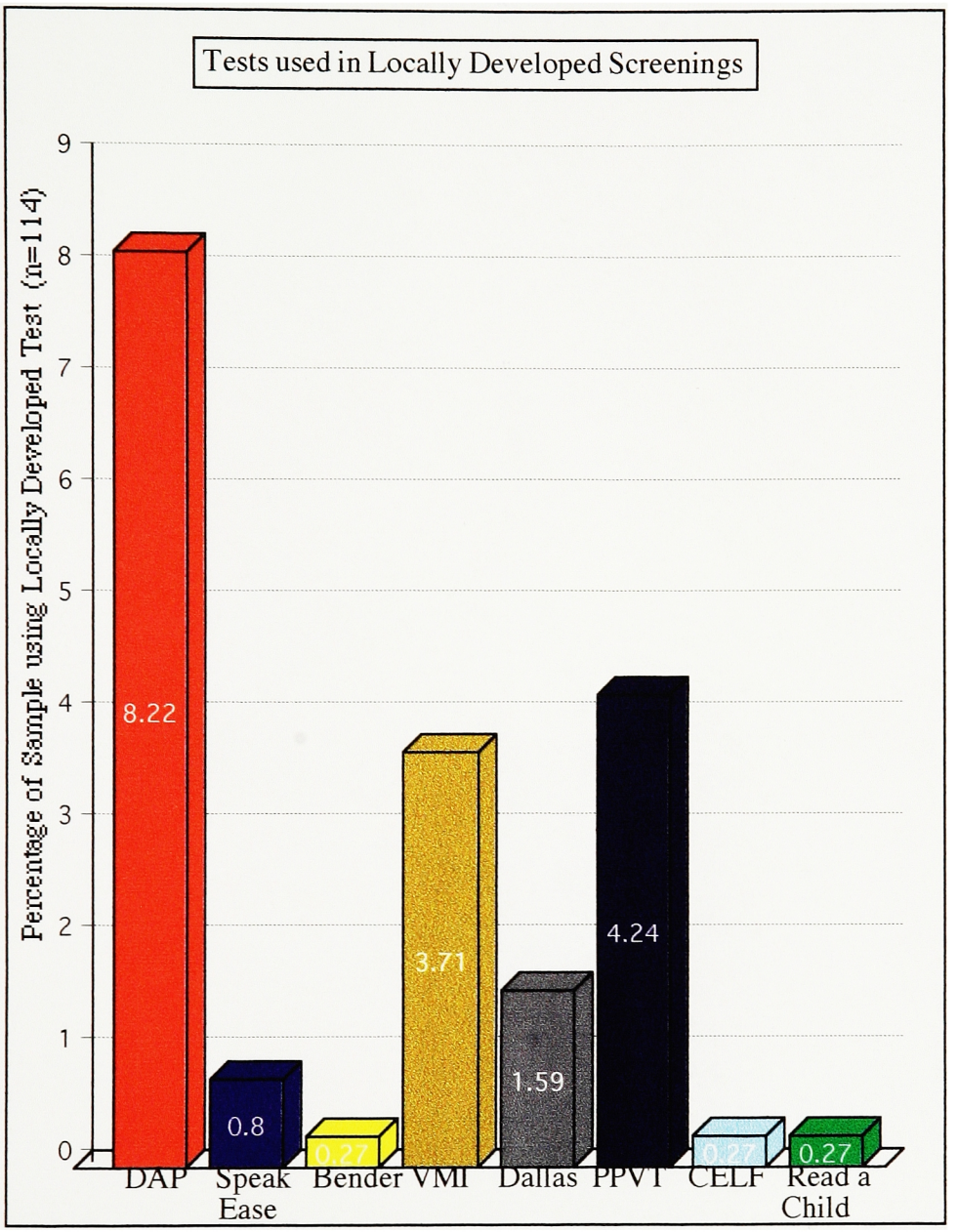
Figure 6.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